



CASH/CHECK TRANSMITTAL FORM

Department: Business Office

Prepared by: Wendie Nelson

Date: 7-17-01

Receipt number (office use): _____

Please list entries respectively with like account numbers.

NAME / ADDRESS	Check No.	AMOUNT	ACCOUNT NUMBER	DESCR. OF TRANSACTION
Don Jath Mt Clinton Pike Harrisonburg, VA	1250	15.00	1-2345-6789-0	Quition Deposit
Janice Liskey Rt. 602 Harrisonburg, VA		25.00	1-2345-6789-0	Quition Deposit
Total		40.00	1-2345-6789-0	
Lisa Crist Massanutten McGeheysville, VA		4.25	1-9876-5432-0	Reimb. Supplies
Connie Taborsky Hillandale Park Harrisonburg, VA		5.25	1-9876-5432-0	Reimb. Supplies
Cash		10.00	1-9876-5432-0	Reimb. Supplies
Total		19.50	1-9876-5432-0	
TOTAL OF TRANSMITTAL:		59.50		

Business Office Received (date): _____

Received by: _____

Receipt verifying amount will be sent in campus mail.

RETURN BOTH COPIES TO CASHIER